

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3-49-5383

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>			
b. CITY OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Montreal</u>		13	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Louis Wallace Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Gen Del</u>			
3. NAME OF DECEASED (Type or Print) <u>Emma</u>		a. (First)		b. (Middle)		c. (Last) <u>Vaughn</u>	
4. DATE OF DEATH		(Month) <u>Feb</u>		(Day) <u>20</u>		(Year) <u>1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Whit</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 26 - 1870</u>	
9. AGE (in years last birthday) <u>68</u>		10. UNDER 1 YEAR <u>3</u>		11. UNDER 1 YEAR <u>24</u>		12. UNDER 1 YEAR <u>Hours</u> <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Montreal, Camden Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Bryant</u>		14. NAME OF HUSBAND OR WIFE <u>Mark Vaughn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Oscar Shipman</u> ADDRESS <u>Montreal, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive-vascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN DEATH AND AUTOPSY <u>2 weeks</u>  <u>20 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>334</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Lebanon Laclede MO</u>		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Feb 18</u> , 19 <u>49</u> , to <u>Feb 20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Feb 19</u> , 19 <u>49</u> , and that death occurred at <u>4:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ernest Froelich M.D.</u>		23b. ADDRESS <u>Lebanon Mo</u>		23c. DATE SIGNED <u>2/24/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2/21/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freedom</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksen-Woolery</u> ADDRESS <u>Camden Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 24-49</u>		REGISTRAR'S SIGNATURE <u>Tessie B. Lynd</u>		414			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Jobie Woolery*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *2488*

P. O. Address *Camden, Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.